



VERIFICATION OF PREVIOUS EMPLOYMENT

Please forward this application to your previous employer and return to:

District of Columbia Public Schools

Office of Human Resources

Attention: Staffing Coordinator: _____

Division: _____

825 North Capitol Street, N.E., 6th Floor, Washington, D.C. 20002-4332

Office: 202/442-4080 Fax: 202/442-5315

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT:

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (____) _____ SSN: _____

FORMER SCHOOL OR PLACE OF EMPLOYMENT: _____

LOCATION: _____

TITLE OF POSITION: _____

I _____ authorized the release of my employment history with my
Signature of employee

previous employer.

THIS SECTION IS TO BE COMPLETED BY YOUR PREVIOUS EMPLOYER:

Your professional assistance in completing this form is appreciated. It is requested that this verification be returned as soon as possible.

- ❖ It is imperative that we have the specific day as well as the month and year of employment with your agency.
- ❖ If there was a break in service, indicate each period of employment separately.

FROM: Month ____ Day ____ Year ____ TO: Month ____ Day ____ Year ____
Month ____ Day ____ Year ____ Month ____ Day ____ Year ____

Check One: ☒

☐ This person was employed full-time ☐ This person was employed part-time

If part-time, please indicate the number of hours per week _____

Services rendered were: ☐ Superior ☐ Satisfactory ☐ Unsatisfactory

Signature Date

Please Print Name Title

Address City/State/Zip Code